SCHEDULE B (FEC Form 3X)															
SCHEDULE B (FE		F	OR I	LINE N	IUMBER	PAGE 022750F 02372									
ITEMIZED DISBUR	Use separation for each	(c	heck	only											
			Summary Page			21b	22		23	2	4	25		26	
			- and a sign			27	X 28a		28b	2	:8c	29		30b	
Any information copied from	such Reports and Statem	nents may	not be sold or us	ed by	any	perso	n for the	pur	ose o	of solic	citing c	ontribut	ions		
or for commercial purposes,															
NAME OF COMMITTEE	In Full)														
ActBlue															
Acibide															
Full Name (Last, First, Mi	ddle Initial)														
A. MARY M MANSFIELD							Date of Disbursement								
Mailing Address 5543 BA	RKLA ST						10		2			2014			
City	S	State	Zip Code				T		ID	000	0.4.00	750070			
CALIF CA 92122							Transaction ID: SB28A_20753679								
Purpose of Disbursement					_	$\overline{}$									
Contribution Refund							Amour	nt of	Each	Disbur	rsemen	nt this F	Perio	d	
Candidate Name						y/						05	20		
					ype	,					7	25	.00		
Office Sought: He	ouse Disbursen	nent For:	2012												
Se	General				Refund of contribution, initially earmarked for										
Pı	resident	Other (spe	cify) 🔻			DEMOCRATIC SENATORIAL CAMPAIGN									
State: District	:						COMM	ITTE	E (C0	00423	66)				
Full Name (Last, First, Mi	ddle Initial)														
B. MARY M MANSF	TELD						Date o	of Dis	sburse	ment					
							M = M / D = D / Y = Y = Y								
Mailing Address 5543 BA	RKLA ST						10		2	8	_ 2	2014			
City	S	State	Zip Code				Tran	cacti	ion ID	. 682	0 V 22	018618			
CALIF		CA	92122				Hall	Saci	טו ווטו	. 362	0A_23	010010			
Purpose of Disbursement						_									
Contribution Refund				Ι.			Amour	nt of	Each	Disbur	rsemen	nt this F	Perio	d	
Candidate Name				Cate	egor	v/						0.5	00		
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Office Sought: Ho	ouse Disbursen	nent For:	2012												
		Primary	General				Refund	of c	ontribu	ution, i	nitially	earmar	ked i	for	
President Other (specify) ▼												CAMPA	AIGN	1	
State: District							COMM	IIIIE	E (C0	00423	66)				
Full Name (Last, First, Mi	ddle Initial)														
C. MARY M MANSFIELD							Date of Disbursement								
							M M / D D / Y Y Y Y								
Mailing Address 5543 BARKLA ST							10 28 2014								
City		State	Zip Code				Tran	sacti	ion ID	: SB2	8A 19	346165			
CALIF		CA	92122					ouo.		. 022	o, (o	0.0.00			
Purpose of Disbursement Contribution Refund					_	71									
							Amount of Each Disbursement this Period								
Candidate Name				Cate		y/						25	.00		
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State: District							COMM	1115	<u> </u>	00423	00)				
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SUBTOTAL of Disbursemen	nts This Page (optional)					•			7		7	75.	.00		
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TOTAL This Period (last pa	ge this line number only)					•	1 .		m		m - 1				